

Document Number:
401944919

Date Received:
02/20/2019

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: <u>10456</u>	4. Contact Name: <u>Marina Ayala</u>
2. Name of Operator: <u>CAERUS PICEANCE LLC</u>	Phone: <u>(720) 880-6355</u>
3. Address: <u>1001 17TH STREET #1600</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>mayala@caerusoilandgas.com</u>

5. API Number <u>05-045-23777-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>NPR</u>	Well Number: <u>14A-10-596</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>10</u> Township: <u>5S</u> Range: <u>96W</u> Meridian: <u>6</u>	
9. Field Name: <u>GRAND VALLEY</u> Field Code: <u>31290</u>	

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/23/2018 End Date: 12/09/2018 Date of First Production this formation: 12/26/2018

Perforations Top: 6381 Bottom: 9283 No. Holes: 351 Hole size: 37/100

Provide a brief summary of the formation treatment: Open Hole:

13-stage plug-and-perf completion;
234000 total bbls fluid pumped: 233845 bbls recycled water (slickwater) and 155 bbls 7.5% HCl acid;
no proppant used.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>234000</u>	Max pressure during treatment (psi): <u>8198</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.43</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.88</u>
Total acid used in treatment (bbl): <u>155</u>	Number of staged intervals: <u>13</u>
Recycled water used in treatment (bbl): <u>233845</u>	Flowback volume recovered (bbl): <u>103957</u>
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): _____	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>12/26/2018</u>	Hours: <u>24</u>	Bbl oil: <u>0</u>	Mcf Gas: <u>76</u>	Bbl H2O: <u>2046</u>
Calculated 24 hour rate:	Bbl oil: <u>0</u>	Mcf Gas: <u>76</u>	Bbl H2O: <u>2046</u>	GOR: <u>0</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1589</u>	Tubing PSI: _____	Choke Size: <u>28/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	Btu Gas: <u>1080</u>	API Gravity Oil: <u>0</u>	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

Tubing has not been landed 2.20.19.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Marina Ayala

Title: Completion Tech Date: 2/20/2019 Email mayala@caerusoilandgas.com
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Attachment Check List

Att Doc Num **Name**

401944919	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

Permit	<ul style="list-style-type: none">• Formation corrected from "WILLIAMS FORK" to "WILLIAMS FORK-CAMEO".• Removed "Tubing Size", "Tubing Setting Depth", and "Tbg Setting Date"; tubing not yet set.	04/28/2020
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Total: 1 comment(s)